

**PHYSICIAN EXAMINATION RECORD**

STUDENT NAME \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Posture \_\_\_\_\_

Feet \_\_\_\_\_

Skin \_\_\_\_\_

Abdomen \_\_\_\_\_

Hernia \_\_\_\_\_ Genitals \_\_\_\_\_

Heart \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Vision: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Hearing (audiometric) \_\_\_\_\_

Tonsils and Adenoids \_\_\_\_\_

Lungs \_\_\_\_\_

Thyroid \_\_\_\_\_ Other Glands \_\_\_\_\_

Reflexes \_\_\_\_\_

Urinalysis \_\_\_\_\_

Other Lab Exam if indicated \_\_\_\_\_

Emotional Status \_\_\_\_\_

General Condition \_\_\_\_\_

Classification for Physical Education Activity: Record Roman Numeral  
as indicated below

- Code I. Unlimited Activity
- Code II. Slightly Modified –Under Observation
- Code III. Definitely Restricted –i.e., cardiac  
disease, post acute infectious diseases,  
potential chests, etc.
- Code IV. Individual Physical Education
- Code V. Rest

**BOOSTERS GIVEN:** \_\_\_\_\_

Date \_\_\_\_\_ Signature of Physician \_\_\_\_\_

Clinic Phone \_\_\_\_\_ Clinic Location \_\_\_\_\_ 10/04